

## Cases

### *1.1 The death of a baby*

Sue had just bathed their five-week old son, Jack, and put him in the middle of the double bed when one of their other three children called. She left Jack with her husband, Hal, who was playing with him when she left.

When she returned she found Jack lying beneath Hal, who was sound asleep, and all she can remember is that Jack was blue and she had to pry him out from under her husband, who did not awaken.

She called 911, and what followed were three days of intensive care at the local hospital and then at the intensive care unit of the nearest major hospital. It took the medics 10 minutes to get a heartbeat back when they first arrived after Sue called, and Jack had sporadic brain waves for awhile, but he was declared brain dead on the third day.

The physician ordered a drug test on the baby and a body scan to see if there were bruises or broken bones. Nothing unusual showed. So the physician wanted to call the death a 'SIDS,' a sudden-infant death syndrome of the sort that can occur to a child while sleeping in a crib.

The social worker involved, Deborah, thought that wrong. 'There is an explanation. We just don't know what it is. There are some missing pieces here.' Sue said that Hal had had two beers, and Hal admitted he had been drinking. But Jack was a big baby -- 11 pounds at birth and 13 pounds at five weeks. It seemed odd that Hal would not have sensed Jack's struggles as he tried to get air. But she did not think Hal had intentionally suffocated his son. He showed great remorse and guilt, he had stayed at the hospital the three days it took Jack to die, and the family seems a good family. They cared for their other children, and there were none of the usual causes of family disruption. He had a job, they had insurance, and so on.

Deborah felt she had a dilemma. If the death were reported as suspicious, Hal would be investigated, the family might lose their other children, and they had clearly suffered a great deal already. But if the death were reported as a SIDS, a death that had an explanation would not be explained. 'The doctor would be stretching the definition of SIDS.' More important, she felt she might be countenancing a situation in which the other children might be harmed. Unfortunately, a death certificate must be filed within 48 hours after death, and so Deborah had little time to make a decision about what to do.

### *1.2 Dancing a legal dance*

Martha and Kathy are 12 and 14 years old and had been placed away from their home by the Juvenile Court because they claimed that their father sexually and physically abused them. Their father, Henry, then moved away from their original home, and hating where they were, the girls were placed back in their original home.

All the members of the family were individually seeing Mary Todd, a social worker in private counselling under contract with Childrens' Protective Services, and after asking Mary not to tell anyone, Martha told her that her father was sexually abusing her again. Mary had to put the information in her report, and the issue was taken to court where both Kathy and Martha were called to testify. The judge refused to see them in chambers, and faced with having to tell her story in front of

her parents and especially her father, whom she fears, Martha retracted it.

Kathy continued to insist that her sister was being abused, but the judge, given Martha's denial that her father was abusing her, declared that Martha was not sexually abused, and when Mary Todd was called upon to testify about what Martha had told her and what she knew, he cut her off when she began reporting on the sexual abuse, saying that he had already declared that the child was not sexually abused and that only evidence of new sexual abuse would be admitted.

Henry is so obsessed with seeing the children that he has been coming over whenever he pleases. He has been there at least four times and caught three times, and though the judge finally put him into jail for a month, he is still coming over whenever he wishes.

Martha has told Mary that she thinks Mary has betrayed her, and she has become extremely defiant. Whenever they meet for their counselling sessions, she stands with her hands on her hips, cusses her out, and flips out whenever sexual abuse is mentioned. She cannot trust her father; her mother cannot protect her; and now she cannot trust her social worker. Mary thinks she has almost totally disintegrated. She cusses out everyone, hits and batters her mother, lies, and goes to the houses of friends and stays for days at a time. Her sister seems to be doing acceptably. She is sticking to her story and is not being abused. 'He won't mess with me 'cause he knows I'll tell.'

No one is willing to consider criminal prosecution against the father because everyone except Kathy lies. The mother is a person with mental illness and will lie, for example, about the bruises on her arms caused by Martha. She will also lie about her husband. She was abused by her father and picked up and cared for by Henry when she was 18. So she feels obligated to him.

Mary's coworkers keep asking her about the father, 'Can you get him to confess?' But a caseworker at Children's Protective Services has suggested the case be dropped. 'You're spending a great deal of time and getting nowhere. We've got other people to serve.'

Mary does not know what to do. The judge is 'dancing a legal dance,' and she is forced to wait until the child is sexually abused again, but then has no guarantee the child will testify. 'It is so unfair.'

### *1.3 Adoptive children*

The State has a registry for natural parents and adoptive children. A natural mother, for instance, may consent to have information about her given to the child she gave up for adoption if the child seeks it, or she may file a denial at the registry, refusing the child any information. But most people do not know about the registry since it is poorly advertised and underutilized by social work agencies.

Dena supervises adoptions for the county, and she often has adoptees come to her asking for information about their natural parents. She has a great deal of that information, but adoptees are only entitled to non-identifying information. The law of the state she is in requires that, and when the natural parents gave the child up for adoption, the state agency promised them secrecy.

One woman came to see her. She had been to the registry without success and had tracked down the name of her natural mother, but it was a common name and she could not find her. So Dena gave her the father's name -- a piece of identifying information. Dena is concerned about the interests of the natural parents, and so she does not give information to everyone who seeks it. She gives it only to those she judges will be sensitive to the needs of their natural parents. She gives it to those who do not act only for selfish reasons, but work to change the law, and to those who work actively in support groups that exist for adoptive children, showing

in that way they care about others.

A young brother and sister showed up one day, without making an appointment, and asked her for help. She was concerned that they had not called her ahead-of-time. 'That shows a lack of concern for me. I can't just see anyone who walks in the door!' And they said they would do whatever they had to do to find out who their natural parents were. She did not give them the information even though she knew.

Dena is concerned about what she does. She is breaking the law, and she knows it. 'Do I really have the right,' she asks, 'to go above the law and say this person deserves it and this one does not?' Doing that puts her job at risk. At one time the Court would contact the natural parents when they were sought by an adopted child and ask the parents if they wanted to use the registry. But a judge ruled that the State 'has no right to interrupt their lives in that way.' So she sometimes gives extra information.

She does it because she thinks the law as it now stands is unfair. Some are able to find out about their natural parents and others are not, based purely on accidents like whether the natural parents have heard of the registry.

#### *1.4 Doing what the judge orders*

Jane got AIDS through a transfusion and is suspected of incestuous involvement with her 15-year-old son, Al, who is in foster care. She informed a social worker that she has AIDS, and when the social worker said, 'There are people who ought to know about that,' Jane told her, 'If you tell anyone, I'll sue. I would rather my children find me dead than find out that I have AIDS.' But the social worker told the caseworker for Al because Al may be a carrier. He has a girlfriend and claims to be sexually active, and his foster family may be at risk.

The caseworker, John, went to his supervisor and presented her with a hypothetical case. 'If I knew that the natural mother of a young boy in my care has AIDS and might be involved incestuously with the boy, but I am not supposed to know that she has AIDS, what should I do?' They both went to the judge who had put the child in foster care and posed the same hypothetical. Al was up for review at the time, and he had been acting out. So the judge ordered a complete physical, asking that every test possible be done to see why he is acting out, including a test for HIV. Such a test is not a normal part of a physical, and the child is not to know.

John argued that 'that will cover us for having a complete physical because it's a court order,' and he remarked, 'I've gone through all my channels so that if it came back on me, I could say, "Hey, the judge told me to do it!".'

#### *3.1 Refusing help*

Wilma was in her eighties, had lived in her home for 45 years, and had lived alone for the 11 years since her husband died. Over the past few years, strangers had moved in with her, in several cases writing checks from her checkbook. She had been robbed three or four times. She is forgetful and often seems confused.

Her nephew was called by a multi-service agency for the elderly, and he closed her accounts, removed the unwanted guests, put new locks on the doors and windows, and asked neighbors to keep an eye on things. He felt that Wilma would be better off living in her home than going to a nursing home. He visits her twice a week.

One evening a neighbor called the police because she had not seen Wilma

and was worried. When Wilma answered the door, the police officer found that Wilma's house was unheated. It was winter and very cold, and the officer called an ambulance because Wilma seemed ill. But when it arrived, she refused to go. The officer left and called an agency that provides emergency service. The social worker there called the agency for the elderly, but since no one there could help until the next morning, the social worker went with the officer to Wilma's house with a blanket and small electric heater. Wilma did not answer the door, and, upon forcing entry, they found her dead. Four hours or so had passed since the neighbor had first called.

### *3.2 Depressed and ready to die*

Dorothy was diagnosed as having rectal cancer while she was also going through a nasty divorce. She had radiation treatment for that, but became very depressed and suicidal. She was diagnosed as schizophrenic, but was functional. She had her own apartment and car and cared for her two-year-old daughter. She came back into the medical hospital with inoperable cancer of the liver, but tried to sign herself out and stopped taking medication. She was sent to a psychiatric hospital.

The psychiatrist wanted her to have chemotherapy, but Dorothy refused. 'I don't want to do it. If I go through that again, I may prolong my life six months at most.' She wanted to go back to her apartment. She had lived there with her cancer before, but the psychiatrist refused to release her from the hospital unless she had chemotherapy and even then would only release her to foster care.

The other members of the multi-disciplinary treatment team agreed with Dorothy that she should be allowed to go home. They had explained the options to her and talked with her at some length. They agreed that 'she could talk quite clearly about all this and about what she wanted.' When she had had chemotherapy before, she became very ill physically, and she saw no point in such pain to prolong her life for so short a time.

But the psychiatrist told Dorothy, 'If you do not agree to accept chemotherapy, I will have to consider you suicidal, and I can't release a suicidal patient.' The other members of the team attributed this response to the psychiatrist's having been trained as a pediatrician and to her having come to this country as an adult. 'She has different cultural values and wants to save people in spite of themselves. So she treats them like children, which she finds easy to do.'

The other members of the team thought about going to the Director because the psychiatrist was essentially holding the patient for a medical condition, and that was inappropriate under the mental health code. But whenever they pressed the psychiatrist about this, she fell back on the claim that the patient was suicidal, and when staff members had gone to the Director before, the Director always backed the doctors, and they just got a reputation for causing trouble.

So they wrote up in their reports what they thought should have been done so that, whatever happened, they would be covered.

### *3.3 Low-functioning parents*

'The parents met in the state hospital,' Barbara said. 'They're not psychotic. Their main problem is that they are low-functioning. Rob is ten, and he's smarter than they are. He's hyperactive. He's on medications. He's got sexual identity problems. He's a behavior problem. He tells his parents what to do.'

'The school and a private agency want us to place him in foster care because the parents seem unable to handle him. The parents are like pack rats, collecting

everything. So the house is filled with stuff, but it is not filthy. They were dressing him like a little girl and letting his hair grow into bangs, but once I explained to them what they needed to do, and provided them with funds to get a haircut and new clothes, they did what was needed. They clearly love their son. When he refuses to do his homework the mother calls me, worried that he will fail. They're not abusing their son, and they're not neglecting him. So I have no good reason to justify taking him out of the home.

'Besides, he would be a difficult placement, with all his problems, and I've seen the difficulties children have experienced in foster care -- adjustment problems, attachment separation issues, and also abuse.

'The real issue is that this family is always going to need someone from the community to assist them in parenting the child. They are doing the best job they can.'

### *3.4 Lying to save a marriage*

'A married woman came to me. She is running around. I am also seeing her husband, and she asks me, "Do you think my husband is running around?" I told her no. And he isn't. He's a good man. I wouldn't tell the husband that the wife is running around if he asks me, but I know damn well she is running around. I have to lie to the husband because if I say, "I don't know" or "I can't tell you," or if I refuse to answer on the ground that I have a professional and confidential relationship with the wife, he will believe his wife is running around.

'Since I am a professional person, I will be believed if I say the wife is not cheating. I am patching up a relationship then. In our culture if you tell a lie with a straight face, it will be believed. Arab culture is a face-saving culture; American culture is a guilt-ridden culture. I will not feel guilt at lying. I would feel shame if someone found out that I was lying, but I will act to protect myself from being found out. I sometimes feel I shouldn't send an Arab client to an American social worker if there is an issue where guilt and shame is involved.'

### *3.5 Friends and professional relations*

Paul was a recovering substance abuser who regularly attended meetings of Alcoholics Anonymous. He was also a social work therapist who worked with substance abusers. He encouraged Mark, one of his clients, to attend AA meetings. He had himself been attending meetings, but AA encourages those who come to the meetings to rely on each other, to call if they need help, for instance. Mark needed help and called Paul regularly.

Paul felt that he was doing therapy at Mark's beck and call rather than during their scheduled sessions. He confronted Mark, and Mark, feeling very rejected, stopped seeing Paul, dropped out of AA and out of treatment, and had a relapse.

### *3.6 Can you help me now?*

Martha had an alcoholic client who responded well to therapy. Though eventually the therapy ended, the client stayed in AA, still feeling the need for support.

Martha had liked her as a person in the therapeutic relationship. The client was a massage therapist, and so, after a period of time had passed, Martha went to her to get massages.

The woman later relapsed, but did not come back to Martha. Martha later

discovered that the woman had wanted to come back, especially in those shaky stages before the relapse, but felt that because they now had a different relationship, she could not.

### *3.7 Having sex*

Theresa came to see a therapist, Aubrey, in a family counseling agency. It came out over a number of sessions that Theresa had been in therapy before and had an affair with her previous counselor that began several months after the therapy ceased. She was married and was struggling with the affair's having ended and with her guilt at having had an affair.

Aubrey suggested that the counselor had crossed the proper boundaries between therapist and client in having a sexual relationship, even though the therapy had ended several months before the affair began. Theresa had not thought about that, but, as she did, she began to think that perhaps the initial stages of the affair started before the sessions with her therapist had ended, and she wondered if, as she said, 'I somehow perhaps may have led him on.'

Despite Aubrey's urging, Theresa decided not to press charges -- partly because she did not want the publicity, which she thought would harm her relationship with her husband, and partly because she was not convinced that the affair was wholly the therapist's fault.

So Aubrey investigated on her own. She discovered that the therapist, who lived in a nearby community, was referred to as a licensed psychologist although the law required a Ph.D. for that title and the therapist did not have a Ph.D. Aubrey called a university where the therapist was to lecture, informing them that he was not a psychologist when they had advertised that he was one, and she let it be known in the community that he was operating under false credentials.

### *3.8 Gift for services*

Jane is in therapy with Marie and has been diagnosed as having Post Traumatic Stress Syndrome. She is thirty-five and has a history of sexual and emotional abuse by her father and her stepfather. After her grandmother died, she became extremely agitated because she was emotionally close to her. She told Marie that she would like to give Marie a gift from among her grandmother's belongings.

Marie told Jane that she does not accept gifts. Jane was upset, and after some cajoling by Jane, Marie told her that she would accept a gift only in exchange for the time spent in calls with Jane between therapy sessions.

Jane came in the next week with seven of her grandmother's belongings and put them on the desk. Marie told her that she could not take all seven and asked Jane to pick one. Jane insisted that Marie pick out what she wanted, but Marie told Jane that Jane had to select one gift.

Jane picked out a vase, and Marie displayed it in her office. Marie looked at the vase when she came in for her next session and expressed pride at seeing it there. Jane does not know the vase's value and is afraid it may be very expensive. She is thinking of having it appraised and if it is expensive, crediting Jane for a number of therapy sessions.

### *3.9 A social visit*

Susan was a 13-year-old in therapy with Diane. She had been sexually abused by her father and diagnosed as having Post Traumatic Stress Disorder. Diane had heard that she had gone out socially both with her Protective Services worker and with the prosecutor of the case against her father.

Therapy terminated when Susan had a baby and moved out of town. She came back in a year with a second baby and called Diane, asking to see her at her mother's house. She said she especially wanted Diane to see the babies. Diane tried to arrange to see Susan at the office, but that did not work out and Diane went to visit her at her mother's.

Diane happened to mention that she would be driving to Florida for a vacation in a few days, and Diane begged her to drive her to Georgia on her way so she could visit one of the baby's father. Diane refused, and the situation became extremely uncomfortable.

Diane has not heard from Susan again.

### *3.10 Hurting oneself*

Annette had been seduced by her former therapist. She is mentally ill and prone to extreme shifts in mood, but is consistently angry about her former therapist. She wants to pursue the case, take him to court, and see that he does not harm anyone else.

Her new therapist is concerned that Annette will hurt herself by pursuing the matter, that she is fragile emotionally and will regress psychologically. Such cases are notoriously difficult to prosecute, and pursuing it will put a great stress on her when she is already very unstable. Besides, the therapist is not convinced she will be believed, but thinks she will lose the case and lose what progress she has already made. So the therapist encourages her to drop the case.

### *3.11 Co-dependents*

In an alcoholic's family, the spouse and children often need therapy as well. The need is severe enough that without treatment for the other members of the family, the alcoholic is unlikely to cease using alcohol because the family members are unable to give support for the new forms of behavior necessary to remain off alcohol and, by their habitual practices, reinforce the alcoholic behavior.

But Rosemary cannot bill the company paying for treatment for treating anyone but the person who is abusing. 'So sometimes,' Rosemary says, 'we put down "family session" for the substance abuser when the focus was really on treating another family member. Other times we do not charge and see other family members for free.'

### *3.12 Automatic assignments*

In one agency, social workers are assigned cases in the order in which they arrive. 'If it is Monday, and I'm at the top of the list, I get the first case,' Tamara said, and so she was assigned a case in which she was to do individual therapy for five children plus family therapy for the father and for the mother. The case was complicated by the various relations between the different members of the family, with some of the children having different fathers and some different mothers.

One day somewhat later Tamara was assigned another case -- two young girls who had allegedly been sexually abused by their father, Marvin, who was no longer living with them, but was visiting them and seeking custody. She became close to the children, and especially to one child, and continued to see them for over six months.

She then discovered that the boyfriend of the mother in the first family was Marvin, the father of the two girls in the second. She was concerned about sexual abuse in the new family setting and so told the woman there to be careful with her children around Marvin. She didn't tell the woman why, but the woman must have told Marvin that she was to be careful with him around the children and he was upset.

Tamara was asked to write a report for Friend of the Court, which was considering custody, and she wrote about the reports of sexual abuse that the two girls gave her. Friend of the Court put her name and position on the report, and since Marvin was acting as his own lawyer, he read it, put two and two together, and came into her office, angry and upset.

Tamara felt she had to choose between the two families, and she stopped seeing the little girls from the second family. She tried to have the one girl see another therapist, but the girl refused and stopped coming to the clinic. She apparently felt rejected, and though Tamara tried to explain to her that she was not being rejected, Tamara could not give the complete explanation.

### *3.13 Caring for the family*

A mother of low intelligence loves her three children, does well for them with what she has got ('dresses the girls beautifully, irons their clothes'), and keeps in constant touch with the school and social workers. There has been a history of sexual abuse, the father first abusing the two girls when they were in the first and third grades and then a boyfriend abusing them. So Carrie, the social worker assigned to the family, allows the mother to stay with the children provided that certain rules are followed which, it is hoped, will protect them from child abuse.

As it stands now, the family is entrenched in the social services system. 'If we were not here for her, the family would not stay intact,' Carrie says. The system cannot afford the time and resources to make that family a continual object of concern. So the family is likely to disintegrate, and, by law, the children must then be placed in foster care. When that happens, the mother will fall apart, Carrie thinks, and the children will be separated since no foster home is likely to take three children. The children will certainly be worse off in terms of losing a mother who truly loves them and in no longer being members of a family.

The family is so fragile that it is dependent upon the social services system. 'What is needed,' Carrie says, 'is a foster home *for the entire family*.' But that is not presently an option. The only option is to continue to treat the family until it is decided that too much has been spent on it and each of the children is then put into foster homes.

### *3.14 Self-identity*

Joanna had a client, Vicky, who was having difficulties with the consequences of her divorce. Joanna was black, Vicky was white, and Vicky's spouse had been black. In the course of Joanna's work with Vicky, Vicky brought in her oldest son, Tommy, who was six and having trouble in school primarily, the school thought, because his parents were going through a divorce. But when Joanna talked with

him, she found out that he was upset because the school had called him black.

Tommy was staying with his mother, who identified Tommy and the other two children as white. When Joanna spoke with her, Vicky said she thought 'her children would have a very hard time if they were identified as being black.' She said she had told them that if you mix vanilla and chocolate, you get a combination, but 'not black,' something 'closer to white.'

But the children cannot pass for white. 'They do not even have the features to pass for white,' Joanna told her. 'Society is always going to see them as black, and the children need to feel good about that. You can't say he's brown. You can't say he's mulatto. You can't use those terms. You have to say he is a beautiful black child and you accept him. You have to validate that for the child.'

Vicky said she couldn't tell him that, that it would mean giving up her son. So Joanna was concerned that Vicky would stop coming in for therapy and particularly concerned that she would not talk to Tommy and tell him what Joanna thought he needed to hear. The situation was complicated by Tommy's fear that his mother would be upset with him -- for not being white, Joanna surmised.

But Joanna persuaded the mother to go in and talk with Tommy and tell him that he is black, that she loves him, and that it is good to be black. The mother didn't believe any of that, but she did it. Afterwards, Tommy said, 'I knew I was black all along.'

#### *4.1 Peers?*

A male social worker seduced and molested one of his clients, an adolescent male, who then molested his younger sister. The boy is now with his father and step-mother, but his present social worker, Henry, is pushing to reunite him with his mother and sister.

The girl's social worker, Margaret, is uncomfortable with this. She thinks the child needs more therapy, and that will end if the family is reunited. But most importantly, she is not sure the girl will be protected if the boy returns to the family.

Yet she says she is unwilling to 'confront' the boy's therapist, as she puts it. 'He has a Ph.D., and I don't; he's established, and I'm new to this community.'

#### *4.2 Family therapy*

Jessica was a member of a family service agency which had brought in a person from outside to teach the agency personnel about structural family-centered therapy. Peer review was instituted, and the seven social workers would meet regularly, view video-tapes, and talk about their cases.

Jessica was having a very hard time learning to use the new form of therapy. It requires that the social workers align themselves with a particular family member, but only for strategic purposes. One is never to form permanent alignments. But Jessica would form relationships with particular family members, the woman or a female adolescent, and not be able to break them. But that is harmful to the clients. Rather than achieving independence, they end up with a different form of dependence, unable to achieve a new balance of relationships within their family because of their attachment to the social worker.

When this was pointed out to Jessica, she became extremely frustrated, threw up her hands and said, 'Well!' She cried another time, upset because, as she put it, 'I was doing everything right, and yet you tell me it's all wrong.'

The other social workers all agreed that she was not competent using this particular approach. 'She was operating off a psycho-dynamic individual model,

which is very different from a structural or strategic model.' They all felt that she was harming her clients, but though they had the evidence of their own eyes and could talk about how she failed to respond to suggestions, they said they could not prove her incompetence to the supervisor. Besides, she had been with the agency for almost 20 years and so had seniority over the other six.

#### *4.3 Relapsing*

Cynthia had been having problems with her work, but before her supervisor, Corliss, was able to talk with her about them, a client of hers who knew she was a recovering alcoholic reported that she had seen Cynthia drinking in a bar. A colleague also told Corliss that he thought Cynthia had begun drinking again. He had gone in to talk with her and saw that she was leaving little empty whisky bottles in her wastebasket. Corliss then discovered that Cynthia had had periodic problems for some time before she had transferred to Corliss's department. 'There is a history here,' Corliss thought.

Corliss talked to Cynthia and explained that if her colleagues could see the empty bottles, her clients could too. Corliss and she agreed that she would have a month of residential treatment.

She did that, but though she was O.K. for awhile after she came back, she relapsed. Corliss discovered that Cynthia had not followed through on her appointments, and, in addition, she was not doing her job well. So Corliss fired her.

Cynthia committed suicide, leaving a note blaming the colleague who had told Corliss that he thought she had begun drinking again. Corliss had told her that though she was fired, she could return if she 'went into treatment and was sober for six months.' So 'she knew,' Corliss added. 'She had that option.'

#### *4.4 Bending over backwards*

Betsey had known of Jonathan for a long time and had met him as a colleague. He had been very successful working with clients and was well regarded in the community. She needed someone for a supervisory position and hired him after going through 'the regular routine of references.' Though Jonathan's director at his former agency complained and said he hated to see Jonathan go, he said he would prefer that he remain in the community.

The staff really liked Jonathan, but after a half year or so, things began to go wrong. Jonathan did not handle his routine business well, failing to answer phone calls or respond to letters. He was writing letters for the agency even though those had to be approved by Betsey. And he was confused a great deal of the time, testifying in court, for instance, about a case but mixing up the details with some other case.

After documenting the difficulties, Betsey told him that 'things are not going right' and would have to be corrected. The following Monday Jonathan's wife called and said he had been readmitted to an alcohol unit. Betsey had not known he had problems with alcohol. He was off for six weeks, came back, did well for awhile, but then began to have problems again. It turned out that he needed a heart by-pass operation.

Betsey was getting a lot of pressure to fire him from some of the staff and from the Board (see the Code of Ethics 2.09(a) & (b)). The agency was short-staffed anyway, and Jonathan's comings and goings over such a period of time, combined with the state of his papers and memos because of his confused state of mind, were creating extra work for everyone. In fact, the agency was audited seven

times because of the problems Jonathan created and was beginning to get a bad reputation. But some of the staff were adamant that he be kept, and, as Betsey said, 'I didn't feel I could fire someone who was going in for heart surgery.'

But when he came back, he was no better. Betsey made him 'a line worker' even though he was being paid as a supervisor, but he could not handle that either. Betsey suggested he resign with disability, coming in to work on a contract basis whenever he felt able, but he refused, and after trying to get him to quit, she finally had to fire him. Jonathan was black, and he claimed racism on Betsey's part.

When she later talked to the director of the agency he had worked at before, the director said that they had tried to warn her, but also that he didn't want Jonathan in his agency. Betsey thought that she had gotten anything but a warning from the director and that he had given her good recommendations in order to get rid of Jonathan.

#### *4.5 Value judgments*

Jane works in private practice in a clinic that specializes in feminist therapy, with a strong emphasis on holistic health and 'a general understanding of the mind-body connection.' She works with several other social workers, one of whom, Mary, she found naive about the risks involved in working with battered wives.

Mary was encouraging one of her battered clients to confront her husband. Mary thought that confrontation would help resolve the problems between the couple. But it did not seem to help, and Jane thought Mary unable to cope with the husband of the woman she was counseling. The man kept coming to the clinic, threatening Mary and other social workers, and putting all of them 'in grave danger.'

The group met without Mary to talk about the problem and then spoke to Mary about the harm they thought she was causing her client and the danger she was putting them all in, but Mary refused to change her focus on this client. She thought it had to do with the client's right of self-determination. The client really wanted to stay in the relationship.

Jane disagreed with Mary's understanding of the situation. As she put it, 'If a woman's getting hit, and it could escalate to something worse, and she's telling you about it, but is not willing to leave, how long do you remain a part of that situation?' Battered women often have trouble leaving those who batter them, and Jane thought that Mary's client was not really exercising self-determination and that Mary was failing to intervene appropriately.

Mary ended up leaving the group 'under pressure.' She did not want to leave, but the group was not willing to risk the danger to themselves or to the battered woman.

#### *4.6 Harassment*

Amy works in an agency associated with a hospital. She had been hired by her supervisor's boss, not by the supervisor, Don. Both Amy and the boss are African-Americans; the supervisor is white. Both the supervisor and his boss are males. Amy was at the agency before Don came, and he told her that he resented her being there and did not want her there. He then proceeded to harass her, she says, for over two years in a variety of ways.

He had the secretaries keep records of when she was on the phone and of how long she was gone from her office. Such records were not kept for other employees. He would pin memos to her door about what he thought she was doing

wrong. He created a new schedule for her one day when she was gone to work on a case at the hospital and then, when she came to work at her normal time the next day, he said, 'I've gotcha. Where were you?' He would not let her look in her personnel file (though she wanted to see the memos there). When she took leave to attend a funeral, he suggested she really was using that as an excuse to have lunch with a friend because she did have lunch with the friend before the funeral.

He enforced a policy against her about not taking more than three sick or personal times in ninety days. She had to leave to take her sick child home from school, then to have minor surgery the next week, again to have the stitches taken out a week later, and then for something else for one other short period of time. He said, 'I'm writing you up for dismissal because you've violated policy.' But the policy had never been enforced before, and he did not enforce it against anyone else at the agency.

He continually harassed her verbally, she said. He would call her into his office and find fault with her work, always taking her to task for not doing something right and saying how good he was compared with her and always complaining that she was getting selected for this or for that when he was the manager. He had, Amy said, 'taunted' two African-American secretaries until they finally left, and she was convinced that he was out to make the agency as white as could be.

She eventually filed a grievance, and when she went before the grievance board, she fully documented what she could of what Don had done. The board found no grounds for harassment, and Amy was told afterwards that the hospital's lawyer told the board that if they did find grounds, Amy would have had good grounds for a lawsuit. The board did find that there was 'a gross misunderstanding' between Amy and Don, and, Amy learned, the whole agency was later to be reorganized, with Don's managerial responsibilities taken from him. She felt vindicated, but meanwhile the harassment continued.

#### *4.7 Lying about salaries*

In an agency of about 12 employees, several who have been there for some years are making significantly less than others more recently hired. The agency has such a good reputation that many were willing to work for it even though their starting salary was lower than what was then the normal going rate, but, as inflation has outstripped raises, their salaries have become significantly less competitive. As the agency's director puts it, 'There are staff who really have low salaries.'

The director has pushed for increases, and was able to get an increase for one employee who pushed hard, but the agency has always been able to obtain very good employees at lower salaries. So the director has not been able to obtain a general increase for all employees.

One consequence is that some are not getting what they deserve. Another is that some who are equally situated are getting different salaries. As the director says, 'The present situation supports dishonesty.' If the news gets out that one employee has gotten an increase, then others, equally deserving, will demand increases as well. The agency does not have the money for that, and so the director has to be less than forthcoming with his staff about their salaries. Indeed, he told those employees who received raises not to tell the other employees.

#### *4.8 Attention deficit disorder*

Mark is an eighth-grader with an attention deficit disorder. He has a high I.Q., and when he is on medication, he is extremely well-behaved and productive.

But he does not now take his medication regularly. He is doing this as a form of rebellion, it seems, and that is what those his age are likely to do. So he is sometimes inattentive and disruptive in class.

His teacher hits him on the head with a folded up paper when he is acting up, and it is not just harmful to him, but embarrassing and ineffective.

Mark told his school social worker, Janet, who is new to the job. She is unsure what to do. She can tell Children's Protective Services, or the principal, or talk to the teacher. Anything she does must be done carefully. She cannot be in the classroom all the time, and 'when the door is closed to the classroom, the teacher has the power.' But it is clear that the method the teacher has adopted to 'control' Mark's behavior is counter-productive.

#### *4.9 First grader*

Jerry was referred to the school social workers the second day of school by a teacher who 'knew his older brother and had had run-ins with the child's mother and didn't like the way it came out.' Mike was the social worker assigned to assess the boy, and though he decided that the boy was a kinesthetic learner, having to touch everything to learn anything, he also decided that with some effort, the boy could be taught to behave as the teacher wanted.

Mike put together a program for the teacher with a check sheet where Jerry would receive points for behaving in certain ways and not behaving in other ways. The teacher filled it in, and he took it home every day. His mother signed off on it, and Jerry's behavior began to come under control.

But the teacher still was not happy because, though Jerry was improving, he was not 100% better. She wanted him to be certified as emotionally impaired. That would mean that he would then be removed from her classroom.

Mike interviewed the parents, the teacher, and Jerry again, and he found that Jerry was able to develop and maintain relationships, and he did not act out outside the classroom. So he was not emotionally impaired. 'Actually,' Mike said, 'he's a pretty happy little kid.'

The teacher was upset. She dropped the program Mike had developed, and she put Jerry 'in a box' -- behind a set of room dividers so that he was screened off from the rest of the children. She had the support of the principal, and so finally Mike certified Jerry as emotionally impaired to get him out of the bad situation.

#### *5.1 Skimming*

Linda had been working at an agency for four years when she wrote a grant proposal which was approved and funded. It was one of four given out in the country.

After the grant money began to come in, the director of the agency, her boss, changed his salary in the grant, taking more, took part of the money from the grant to pay his secretary, who was not doing work on the grant, put Linda to work on other projects even though, by the grant, she was to work full time on the grant, and skimmed off, or was about to skim off, part of the money to run the main office.

When she complained, she was put on probation and told, 'If you do not do what I want here, you will be fired.' When she complained to the federal representative for the project, her boss told her not to talk to that person, even though she had to in order to administer the grant and report on it.

The grant had an 8% leeway built in so that some of what her boss had

done could be hidden and perhaps even justified. She was not sure. At any rate, apparently as a consequence of her complaint, some governmental officials came and met with her director and local ' heavies,' as she called them. When they came out, they told her not to worry, that this happens all the time.

She and the grant were moved to another agency.

### *5.2 Buying friendship*

June is the Director of a local agency and was called by a man, Don, who volunteered to give the agency money to help the needy. She arranged to meet him at a local cafeteria, where they met and had a long conversation about what the agency did, what more money could do, and what he was willing to provide.

June was struck by the man's appearance when he came up to her and, later, by his conversation. He did not look like someone who could afford to give money. 'He looked like one of the people we try to help.' In conversation, he seemed somewhat confused so that she thought he might be somehow mentally impaired, though in a minor way.

After the conversation, she received a check for several hundred dollars in the mail from a local bank, with a note that the contribution was from Don and that a like amount would be provided every month, 'in perpetuity.'

She was concerned that Don could not afford such a gift and called the bank to check. She was told that the information she requested about his financial status was private and that she would have to ask Don.

He called her several days later and asked to meet her for lunch. She went to explain to him her concerns. She did, and he brushed them off, saying that he had enough money and that he wanted her to have it.

That lunch was followed by more invitations to lunch and by phone calls, in which he called her his girlfriend. June went to several lunches with him, explaining that she felt that she owed that to him, but got more and more uncomfortable with going to lunch and with what he apparently expected from the relationship. At the same time, she felt that he, like one of their clients, seemed to need help and that she might be able to help him.

### *5.3 A pacifist*

Helen works for an agency that has a contract with a company with significant defense contracts. She is a pacifist, but she was asked to coordinate the agency's work with the company. When she told her supervisor she did not want to have anything to do with this company, her supervisor told her that if she were serious in this, there was a real possibility she would be out of work. Besides, the supervisor added, it is not the company she is helping, but its employees.

The agency's general mission is to help workers who are too poor to afford purchasing help on their own, but the workers of this company are very well paid. So the contract departs from the agency's mission. On the other hand, the contract is lucrative, and, Helen tells herself, the profits allow the agency to further its mission. It is 'taking from the rich to give to the poor.' Besides, she thinks, if anyone needs help, those working in the military-industrial complex do.

Yet, Helen realizes, if she is successful in counselling them, she may make them more productive and thus herself be supporting the military industrial complex. On the other hand, she thinks she may be counselling those who are having difficulty with the system at the company to leave the company. In addition, though the agency is taking from this particular corporation to help the poor, she

thinks that in general the support we give the military-industrial complex takes away from what we could do for the poor.

She and her supervisor worked out a compromise that she work with the employees, but not be the coordinator for the agency and the company.

#### *5.4 Money or care?*

The state permits up to six children per foster home. The agency that places the children gets administrative money for each child placed -- over \$50,000 per foster home if the home takes in as many children as the state permits.

Ralph is head of an agency charged, among other things, with placing children in foster homes. The money the agency makes from the placement that is not used for the placement itself or for training the foster parents is used to support other agency activities. Because the agency places a great many children, it makes a great deal of money that way and is able to support a wide variety of other programs for the poor.

The problems that the foster parents face with the children can be remedied if they are the result of lack of proper training, and in the worst of cases, children are taken from the home. But there are always going to be marginal cases, 'gray areas,' Ralph says, and the agency has a new problem because the kinds of kids it is now getting have more serious problems and are more difficult to care for.

The agency has solved the problem of what to do with cases that fall into the 'gray areas' through 'benign neglect,' preferring to assume that the problems are not serious enough for the child to be taken out of the home. But this has caused problems for the social work practitioners who must work with the families. These problems cannot be resolved through training, and the practitioner can only tell the families that they must deal with them somehow.

The difficulty that some kids have more problems now is more serious, and the agency has responded by cutting the number of children it places in a foster home from six to four. That is better for the children, and better for the foster family too -- except that the family is getting less funding and so is the agency. Indeed, the agency's program is now losing money because of the way it feels it must handle this new difficulty.

#### *5.5 Limited number of visits*

Pat is a social work practitioner in a hospital and helps clients with alcohol and drug problems. Most of her clients are covered by health insurance, but the insurance companies are demanding full records -- partly in order to be sure that its clients are being served by properly accredited professionals and partly because, Pat thinks, 'if they can find any little thing that doesn't look right to them, they can disallow the claim. So they are going to try to get as much information as possible.'

But it is not in her client's best interests to have information that they are being treated for drug dependency or alcoholism getting back to their employers or even to the insurance companies. She had a client who gave permission for his insurance company to look at his files, but was later denied life insurance by the company because, it said, alcoholics die younger. They found out from the records he gave them that he was in treatment for alcoholism. In addition, employers can make life difficult for those of its employees it knows have been in treatment for drug dependency or alcoholism.

So one of Pat's problems is that she is caught in the middle, especially if the client refuses to give permission for her to reveal the complete record. She also

thinks it a mistake for clients to give her permission to reveal their records. She thinks that information ought to remain confidential. But if clients do ask her to send their records on to their health insurance companies and a company then refuses payment, the hospital will have to pick up the cost for those clients who cannot pay for the therapy themselves.

One consequence of this problem is that the hospital has dropped its outpatient program. Too many of the clients in that program were being supported by the hospital. It also limited the number of sessions for those in therapy in the hospital to ten unless the hospital can determine ahead-of time that they will be covered by insurance or are able to pay their own way.

### *5.6 Taking on more than it can chew*

When crack cocaine hit the streets, its quick spread wrought social havoc, and, except for the police, human service agencies were the only institutions with any kind of experience in dealing with drug use and the harm it causes families and other social institutions. The crack epidemic spread so quickly, and so overwhelmed the agencies that traditionally dealt with drug dependency, that Jeffrey's agency was asked to take on a new role to help with the problem.

The agency had no serious financial difficulties, and it was successful in its other programs. That was one reason it had been asked to take on this new problem. But it also had no experience in drug dependency programs, and taking on a new program would stretch its resources. There was no promise yet of any new money, and so the main problem, as Jeffrey put it, was that he and the Board 'had to balance the long-term financial stability of the agency with the mission of responding to emerging social problems.'

Jeffrey was extremely reluctant to have the agency take on the new cause, but some members of the board argued that the problem was so overwhelming they had no ethical choice but to help, despite the problems that might cause. They felt they could not just sit back and hope that the crack epidemic would run its course without significant harm to the community it was their mission to serve. They were also concerned that the problem might harm some of the activities the agency was currently engaged in and that they would end up having to take on the new mission in any event. 'We might as well do it at the beginning,' they said.

Jeffrey agreed that taking on the new cause would further the agency's mission, but, he worried, unlike practitioners in other agencies whose mission had included working with drug dependency, the agency's employees had no special training or particular experience in working with drug dependency. They would need to be trained, and the new program and the need for training would take them away from the agency's regular programs and leave those programs underfunded as well as understaffed. Jeffrey was thus concerned that the agency's practitioners were not the best ones for the job and that the agency's other programs would be jeopardized by the transfer of money and personnel to the new program.

### *5.7 Agency misrepresentation*

An agency advertises itself as taking care of the homeless. Its big promotion under its new popular director, Delores, who is a minister, is that it provides 'A Home for the Homeless.' Because of this campaign, and the way it has advertised itself, the agency under Delores has been able to raise significant funds in the community from foundations and from private citizens, and it now receives support

from the county government.

But the agency provides only drop-in support for the homeless, and only in the daytime. Delores went to the local motels and hotels asking for donations of small pieces of soap because, she said, 'the homeless need to travel light on the street.' There is no intent on the part of the agency to provide homes for the homeless.

In addition, the agency prides itself on providing help 'no questions asked,' and so is unable to direct those who need housing to other agencies which could help. It refuses to question those who drop in because, it argues, that would be an invasion of privacy, but that policy is also part of a campaign to attract those who need help. The agency tells them, 'We don't ask; we just give.'

Janet is the director of an agency that does provide homes for the homeless. She coordinated the original agreement among the various agencies in the area about how best to help the homeless, but Delores's aggressive advertising and fundraising has caused funds that would have gone to provide housing for the homeless to go instead to the agency. In fact, county money that is earmarked for the county shelter to provide housing for the homeless is being sent to this agency on the mistaken assumption that it provides housing. The checks are made out to the agency, and Delores is using the money for the agency's programs. The agency's advertising has clearly caused confusion about what the agency does. The agency's accountant also works part-time for Janet, has told her of the misdirected funds, and is unsure what to do.

Janet's agency has not only lost funding, but it has had to spend additional money for 'outreach therapy' at the agency. 'We have to go in there,' Janet says, to assess the needs of the clients so it can try to provide homes for those who need them. The agency was unwilling initially to provide office space for that, and, though it now does that, it charges them 8 cents for each phone call and makes it difficult in other ways for Janet's agency to do its job.

### *5.8 An adoption agency*

Adoption agencies are licensed by the state, and the state restrictions are all designed to ensure that the best homes are found for adoptive children. One agency, which we shall call 'Homes for Babies,' is advertising that 'it will get you a baby,' according to Joan, the director of another adoption agency. The advertisement also says that Homes for Babies does not always get 'the cream of the crop,' or, as Joan puts it, 'a baby of Caucasian parents, with excellent medical backgrounds, no mental illness, prenatal care, a healthy attitude towards adoption, a willing father.' So they are 'tagging babies,' Joan thinks, making distinctions between them that are inappropriate.

Joan has had several cases where she or one of her social work practitioners has been working with a client for several months, only to go to the hospital to discover a representative of the other agency there. In most cases the birth mother has said that she wants to work with the other agency.

Joan is concerned that such agencies are being licensed. They charge a great deal of money for an adoption, and the adoptive families pay the medical and other expenses. Her agency and the other non-profit adoptive agencies charge their expenses and do not let the adoptive families pay any of the medical or other expenses. One former client told Joan that the Homes for Babies would allow her to meet with the adoptive parents when Joan's agency would not allow that, and Joan is concerned that the agency may be paying the birth mother, which is illegal.

She is even more concerned that the agency is not doing right by the children. One concern is that the home studies are not as thorough as they should be.

The agency has an incentive to keep its costs as low as it can and so may not pay enough to provide a sufficient check on the adopting families. But the main problem for Joan is that while her agency starts with the children and tries to find the right home for them, Homes for Babies starts with those who want to adopt and makes a profit only if it finds a baby for them. It thus has a financial incentive to place children in homes that may not be best for them.

### *6.1 Still waiting after all this time*

An agency had the opportunity to provide an Employee Assistance Program (EAP) for a number of local businesses. In such programs, businesses contract with agencies to provide such services for their employees as substance abuse or mental health counselling.

When asked whether the agency struggled with the issue of its serving fewer clients if it took on EAP clients, the director, David, responded by saying that without EAP clients, the agency would be serving fewer clients. With EAP clients, the agency has the potential to see more clients at 'full-cost reimbursement.' 'In fact,' he said, 'we're treating all the clients exactly the same. The clients we had are still on the waiting list, and we are seeing the EAP clients. Those who pay up-front get quick service, and those who cannot continue to wait, just like before. It's just like the health-care system.'

### *6.2 The waiting list*

There is a waiting list for service in a mental health agency. The list never gets shorter, only longer, and people stay on it 'just in case.' People are taken by priority of need, not the time they spend on the waiting list, and priority of need is determined by, for example, whether a person needs hospitalization.

Some of those on the list injure themselves to get services, act out, 'or whatever' to be sure they are hospitalized, and Michael Jones, the person at the agency in charge of taking cases, must sort out those who are in real need from those who are not.

By the time a decision must be made because of an overdose, for instance, Michael has met with the prospective clients three or four times and so has some basis for judging whether they are a danger to themselves or others. In addition, he asks questions to determine the seriousness of the situation.

The most difficult cases are those in which the patient is borderline, enough of a problem to risk harm to those around and to themselves, but not enough to get hospitalized. Michael says he 'puts those through their paces.' If they want treatment, for example, they must come to therapy, three days a week for six months. If someone will follow through, then Michael will let them in.

He says he is right 60% of the time, and the rest of the time 'we won't know what they will do.' The decisions are complicated because the patients are very sophisticated in manipulation. One patient, Martha, wrote letters every three months asking for treatment, and Michael's assessment is that she wants to form more dependency-type roles.

### *6.3 Differing social circumstances*

The social worker, Amanda, is visiting a client in the city. The woman has a

son, Thomas, 4, and lives generally by herself in a small ramshackle house. She has a scar down her arm, put there by her occasional boy friend who blow torched it one night when he was angry. Her son has a hearing defect, and though he is intensely curious and talkative, Amanda has a difficult time understanding him. He repeats what he hears, and what he hears is not clear.

Amanda has finally found public housing for the woman and her son and explains the conditions. It costs, but her welfare payments will be increased to pay for it. Her boyfriend cannot live with her however.

They talk, and after pointing out that living in public housing will finally put Thomas in a position where his hearing impairment can be helped, Amanda says, 'It will also give you a reason for not seeing that man again. So he won't be able to hurt you.'

The woman says, after a slight delay, and in tears, 'You don't understand. He's my man, and any man is better than none.' She refuses to move.